FORM D



DDC Investors LLC

DDC Investors LLC

Address of Executive Offices

Type of Filing:

Filing Under (Check box(es) that apply):

Address of Principal Business Operations (if different from Executive Offices)

8180 Greensboro Drive, Suite 1000, McLean Virginia 22102

Enter the information requested about the issuer

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTIO

Rule 504 Rule 505 Rule 506 Section 4(6) U

A. BASIC IDENTIFICATION DATA

(Number and Street, City, State, Zip Code)

(Number and Street, City, State, Zip Code)

1449	588			
OMB APPROVAL				
OMB Number:	3235-0076			

Expires: August 31,2008 Estimated average burden hours per response. 16.00

SEC USE ONLY

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DATE RECEIVED				
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Telephone	Number (I	ncluding	Area Code)
3-734-93	00			

Telephone Number (Including Area Code)

Brief Description of Business DDC Investors LLC is a holding corporation which holds an investment of capital securities in Dydacomp Holdings Corporation.

Type of I	Business Organization
	corporation
	business trust

	limited partnership, already for	nec
╗	limited partnership, to be forme	ď

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)

other (please specify): Limited Liability Company

Month Actual or Estimated Date of Incorporation or Organization: [011 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Year 018 Actual Estimated CN for Canada; FN for other foreign jurisdiction) DE

THOMSON REUTERS

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

La Strain Maria		A BASIG ID	ENTIFICATION DATA:		
2. Enter the information re	quested for the fo	llowing:			
 Each promoter of t 	he issuer, if the is:	suer has been organized w	ithin the past five years;		
 Each beneficial ow 	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of equity securities of the issuer.
Each executive off	icer and director o	f corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and
Each general and r	nanaging partner o	f partnership issuers.			
Check Box(cs) that Apply:	Promoter	■ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre P.O. Box 668, Burlingam		Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Karirn Salma	f individual)				
Business or Residence Addre P.O. Box 706, Burlingame	•	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Laith Salma	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		···
Triterra Realty Group, Inc	., P.O. Box 117	309, Burlingame, CA 9	4011		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Riyad Salma	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Triterra Realty Group, In	c., P.O. Box 117	309, Burlingame, CA	94011		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i John Bruel	f individual)				
Business or Residence Addre P.O. Box 117309, Burling	•		ode)		
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Nasser Barghouti	f individual)	•			
Business or Residence Addre 1161 San Dieguito Drive	•		ode)		
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i J. Douglas Winter	f individual)				
Business or Residence Address 388 Hillcrest Drive, Leuca	•		ode)		

A BASIC IDENTIFICATION DATA A LEAST LAND 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing general partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Kevin Johnson Business or Residence Address (Number and Street, City, State, Zip Code) 35 Mission Trail Road, Woodside, CA 94062 Check Box(es)that Apply: In Promoter Beneficial Owner L. In Executive Officer In Director III General and/or. Full Name (Last name first; if individual) 上。至 Vince Monical (Number and Street; Gity, State, Zip, Code) Business of Residence Address 380 Hampton Road Piedmont CA9 611 Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es)that Apply Dromoter Beneficial Owner DE Executive Officer Director Different and/or The same of the sa Managing Partners Full Name (Last name first if individual) Business of Residence Address: (Number and Street, City; State, Zip Code) + # Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or ☐ Director Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es)that Apply Promoter Beneficial Owner DE Executive Officer Director . □ General and/or ... Managing Partner Full Name (Last name first, if individual). Company of the second Business or Residence Address, (Number and Street, City, State, Zip Code). THE RESERVE TO THE RE Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director □ General and/or Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.

Ye 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	
Answer also in Appendix, Column 2, if filing under ULOE.] 🗵
2. What is the minimum investment that will be accepted from any individual?	50,000.00
Ye	
3. Does the offering permit joint ownership of a single unit?	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any	
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state	
or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	
Full Name (Last name first, if individual)	,
Not Applicable	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	All States
CHEEK All States of Cheek muvidual States)	
AL AK AZ AR CA CO CT DE DC FL GA II IL IN IA KS KY LA ME MD MA MI MN M	= =
IL IN IA KS KY LA ME MD MA MI MN M MT NE NV NH NJ NM NY NC ND OH OK O	= =
RI SC SD (TN TX UT VT VA WA WV WI W	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Business of Residence Address (Number and Street, City, State, Jup Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	All States
AL AK AZ AR CA CO CT DE DC FL GA H	I ID
IL IN IA KS KY LA ME MD MA MI MN M	
MT NE NV NH NJ NM NY NC ND OII OK OI RI SC SD TN TX UT VT VA WA WV WI W	
	<u> </u>
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)] All States
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(Check "All States" or check individual States)	I ID S MO

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security Debt _______\$_ 1,000,000.00 Common Preferred Convertible Securities (including warrants))**S**_____ Other (Specify s 1,000,000.00 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases \$ 2,200,000.00 Accredited Investors 9 Non-accredited Investors ______ Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 Regulation A Rule 504 \$ 0.00 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs.....

\$ 0.00

Legal Fees

Accounting Fees

Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (identify)

Total

	2 COPPERING PRIGE NUMBER OF INVESTORS SEXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		s1,200,000.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees] \$	\$
	Purchase of real estate] S	
	Purchase, rental or leasing and installation of machinery	··· •	
	and equipment	_	_
	Construction or leasing of plant buildings and facilities	72	□\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another	¢	
	issuer pursuant to a merger)	_	_
	Repayment of indebtedness		
	Working capital Other (specify): Purchase of capital securities of Dydacomp Holdings Corporation		L 3
	Contai (speerly).	J.*	
			s
	Column Totals	¬ \$ 0.00	☐\$ 1,200,000.00
			200,000.00
	Total Payments Listed (column totals added)	. -	
E	TOWNS OF THE WAR DEFENDERAL SIGNATURE AND SECOND	N Page 1977	建筑建筑
sig	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice lature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commistinformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writte	
Iss	er (Print or Type) Signature	Date	
DE	C Investors LLC	~6.0	24.08
Nai	ne of Signer (Print or Type) Title of Signer (Print or Type)		

— ATTENTION –

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

